TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the transcription, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages T and 2 should be filled with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate the executed within 24 haurs

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4)

Watson

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W CERTIF

PRESTON ST	REET, BALTIMORE, MARYI	AND 21201	1670	É
ICATE OF	DEATH		3010	Y
				_

1. DECEASED-NAME (Type or print)	First	,	Middle	4	Last	DEATT	2a	DATE OF		⊃ Day	100	Va or	1 4	ношр
	MAR		ELLEN	A	RDIS			Nove	mber					50 N
3. SEX	3275	4. RACE			S. DATE OF E		100	4	6. AGE (In ye	y)	MONTHS		HOURS	MIN.
Femal			ite	I a	Jan.		187		97	YRS.				
7o. BIRTHPLACE (State country)	ar tareign	7b. CITIZEN OF WI			NEVER MA		y. to	UNTY OF		m m				
Virgini	a	U.S		WIDOWED	_	RCED	CHAL OC	-	ORCES		Lyon	Marin of		Mo
10. CITY OR TOWN OF Pocomoke		give	AME OF HOSPITAL OR IN Street oddress 19 Laure:	l Str	eet				(Kind of wark life, even if re			JSTRY	BUSINESS	OR
130. USUAL RESIDENCE odmission) STATE Mary Lan		ed lived, if institut 13b. COUNTY WO:	ion: Residence before	Poco	moke	YES T	NO D		REET AND NUM		Str	eet		
14. FATHER'S NAME	First	Middle	Last		IS. MOTHER'S N					iddle			Last	
Wi	lliam		Johnson			Sa	rah		Wis	е		Jon	es	
16a. WAS DECEASED E	VER IN U.S. ARA	NED FORCES? ar ar dates of service)	166. SOCIAL SECURITY		INFORMANT					dress				
Yes, na, ar unknaw NO	i) himbur		none		Miss (Carri	.е ь	. Ar	dis,	Poc	omo	-		
18. CAUSE OF D	DEATH (Enter on	ly ane cause per li	ne for (a), (b), and (c)	.)			_					APPROXII BETWEEN O	MATE INTERV	/AL BEATH
PART I. DEA	TH WAS CAUSED	D BY: NTE CAUSE (a)	ONG.	HE	ART		FA/	122	RE		3	NE	Di	44
4129	(**************************************		AS A CONSEQUENCE OF											
Canditians, if an		(b) F	THERI	1501	LERO	TIL	((, V	1. D.			Y	EA	RS
rise to immedia			AS A CONSEQUENCE OF											
last.	sound the finderfulling conset													
PART 2. OTHER :	SIGNIFICANT CON		ITING TO DEATH BUT N	OT RELATED	TO THE TERMIN	AL DISEASE (OR CONDIT	TION GIVEN	IN PART 3(a)					
-4221		3397												
190. DATE OF OPE	RATION 19b.	CONDITION FOR WE	IICH OPERATION WAS P	ERFORMED	20a. AUT	OPSY?		20b. IF	YES, WERE FIN	DINGS C	ONSIDER	ED IN CE	RTIFYING	j
DIFIC					YES	ON [П	CAUSES	OF DEATH?					
	WAS UNDERLYIN	IG 216. TIME O	F INJURY	21c.	HOW INJURY OF	CURRED (E	nter natu	re of injur	y in Part I or	Part 2,	Item 18.)		
OR CONTRIBUTION			Manth Day Year	9										
	CURRED 21e.		/ AT HOME, FARM, STREET, FA		LOCATION Stre	et or R.F.D.	Ng.	City	ar Tawn		Caun	ty	5	tate
While Nat w	vhile 🗆		OFFICE BUILDING, ETC.	/								•		
220 certify	that (I) (th	is hospital) off	ended the deceas	ed from	NULY	. 19	9/07	. to A	1021	. 19	68	. that	(1) (44	a) las
saw the	deceased o	live on N	0V_1_	19 680	nd that in (r	ny) (our) s	opinian	death o	ccurred an	the do	te and	haur	and fro	m the
causes :	stated obove	e, (I) (wo) (did)	(did not) view the	body ofte	r death.		`							
22b. SIGNATURE	an	1//			ATTEND	HIG TO	MED.		STAFF	22t.	DATE SIC	NED -19	62	
400	/ /	alin		DEC	GREE PHYS.	J. J.	DIRECTO	DR L	PHYS.		1-2	- 17	100	
22d: PHYSICIAN': NAME (Type		ge M. D	unn, M.D	•	Pr:	DRESS inces	ss A	nne,	Mary	lan	d			
23a. BURIAL, CREMATI	ION, 23b.	DATE	23c. NAME OF	CEMETERY 2	RXXXXX				N (City or Tov		(Cour		(State	8
BUYLLITE	Y) 1	1-5-196	8 Firs	t Bar	tist		P	ocon	noke 0				Md.	
24. FUNERAL DIRECTO		2 %	AD DRESS			2So. REC	NYTHE	SISTRAR	25b, REG					
Kalut	-0.11	Wish	Pocomoke	City	, Md.	DATE	MA	0	1968	face	lany	AU)	udy	2

May be to be the complete the second of the SERVICE STREET, STREET THE ATT ASSESSED VIOLENCE OF THE PROPERTY OF T A S CONTROL OF THE PARTY OF THE The state of the s and the second second second second second

FOR STATE HEALTH

5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department

VR A15ME (5) 10M REV. 1/68

Health prior to buriol, cremation, or removal, and in any event within 72 hours after death.

necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give rages , the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

DICAL EXAMINER: This certificate should be executed within 24 hours offer death

TO DEPUTY

2, and 3 to ny deloy is

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	6	77	0	i
464	-	-	200	-

1000	6	MEDICA	L EXAMINER'	S CERTIFICA	TE OF DEATH	1			
I. DECEASED-NAME (Type or Print)	First		Middle	Lost		20. DATE KNOWN	Month	Doy Year	2b. HOUR
(Type of Filli)	Will	Liam	Jackson	Cart	er	OF ESTI- DEATH MATED	□ Nov	3 168	h A
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (fir	years IF UNDER 1 YE		2c. DATE PRONOU			2d. HOUR
Male	White	Apr 14,	1909 59	YRS.	17 HÜNK? BEM	Nov	0gy	Yeor 19 68	N
70. BIRTHPLACE (Sto		76. CITIZEN OF WHAT	COUNTRY? 8.	MARRIED NEVER	MARRIED X 9. CO	DUNTY OF DEATH			
country) Mary	land	USA			DIVORCED 🔲	W	forcest	er	Mi
10. CITY OR TOWN	OF DEATH	11. NAM	E OF HOSPITAL OR INSTI	TUTION (If not in hosp		OCCUPATION (Kind of		126 KIND OF BUS	
Pocomoke			et oddress) 406 M		Janito	of working Server	1CO	Ser Ser	vice
		ed lived, if institution	n: Residence before 13	c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	1949 3111201 11112 1			
odmission) STAT	Md.	13b. COUNTY WC	rcester F	ocomoke	YES NO	406 Mar	ket St	•	
14. FATHER'S NAME	First	Middle	Lost	IS. MOTHER'S	MAIDEN NAME First	t	Middle	Lost	t
	William	a –	Carter		Magg	gie	-	Taylo	r
	EVER IN U.S. ARMED F		66. SOCIAL SECURITY NO.	17. INFORMANT			DRESS		
No or unkno	Non	war or dates of service)	218-20-4879	Miss Lo.	la Ford, M	Marion Sta	tion,	Md.	
		ly one couse per line	for (o), (b), and (c).)	1 . /	0	1 1	1	APPROXIMATE BETWEEN ONSET	
PART I.	DEATH WAS CAUSED IMMEDIA	D BY: ATE CAUSE (a)	misoco	ordial	and	arcti	ion	2. m	inute
410	9		A CONSEQUENCE OF	1	11	TO .			
	ony, which gove	1 Bari	teriorc	Cerotic	Heart	Dis	last	NS	rars
	diote couse (o), (underlying couse (DUE TO, OR AS	A CONSEQUENCE OF					0	
lost.)	[c]							
PART 2. OTHER	SIGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO THE TERMIN	AL DISEASE OR CONDITI	ION GIVEN IN PART I	(o)		
= 420	0 /								
190. DATE OF	OPERATION	19	b. CONDITION FOR WHI	CH OPERATION				20. AUTOPSY	/?
190. DATE OF			WAS PERFORMED?					YES 🗌	NO 🔀
			IURY Month, Doy, Year	21c. HOW INJUR	Y OCCURRED (Enter not	ture of injury in Port	1 or Port 2, It	em 1B.)	
PRIMARY CAUSE OF DEA	OR CONTRIBUTING	HOUR A.M.	19						
21d. INJURY O	CCURRED 21e. F	PLACE OF INJURY (At I	home, form, street,	21f. LOCATION St	reet or R.F.D. No.	City or Town		County	Stote
WHILE AT WORK	NOT WHILE TO	ctory, office building,	etc.)						
	L certify that I to	aak charge of the	remoins described	ohove held an A	utonsy 🗍 Ir	nenertian 🖂	Inquiry 🔯	and in m	v aninian
			Accident			Undetermine			, opinion
	_	1	1	/	CHIEF MEDICAL EXAMIN				
ACTUAL		Llongo	XO, Z	sua/MD	ASSISTANT MEDICAL EX	-	22b, DATE	SIGNED	
SIGNATURE.		1		M.D.	DEPUTY MEDICAL EXAM	WINER X	Nover	uber 7	1968
EXAMINER'S NAME (Type	Lloyd	0. Long,	M. D.	4	ADDRESS(Street, city, t	_	1 1		
230. BURIAL, CREM	ATION, 23b.	DATE		METERY OR CREMATOR		d. LOCATION (City or	7		itate)
Burial Spe	Nov	5, 1968	Sunnyrid	ge Cemete:		risfield,			-
24. FUNERAL DIREC		-, 1,	ADDRESS		250. REC'D BY RI		REGISTRAR'S		
Bradshaw	& Sons.	Crisfield	, Md. 2181	7	DATENOV 1	3 1968	gelian	la Judg	R
						- 14 4 4		- 14 -	_

10.000 entra se de l'article de anticipal de la companya d off the state of t the control of the party of the second of th A Ladron and The Clark Control of the Control of th

a d 2 fath.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fit**lered** director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban paper should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72

30M REV. 1/4

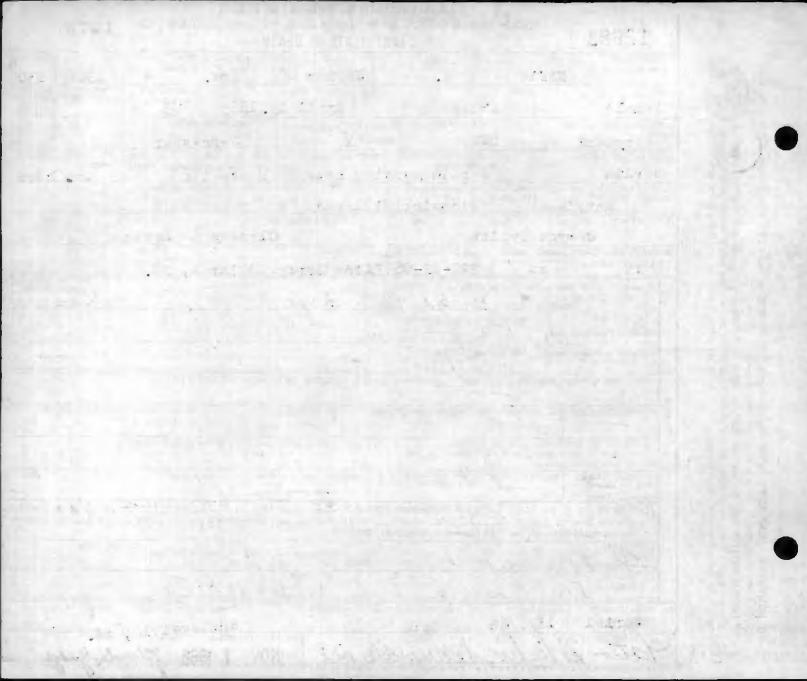
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.

Page 4 may be retained by the haspital or attending physician.

24 haurs after death

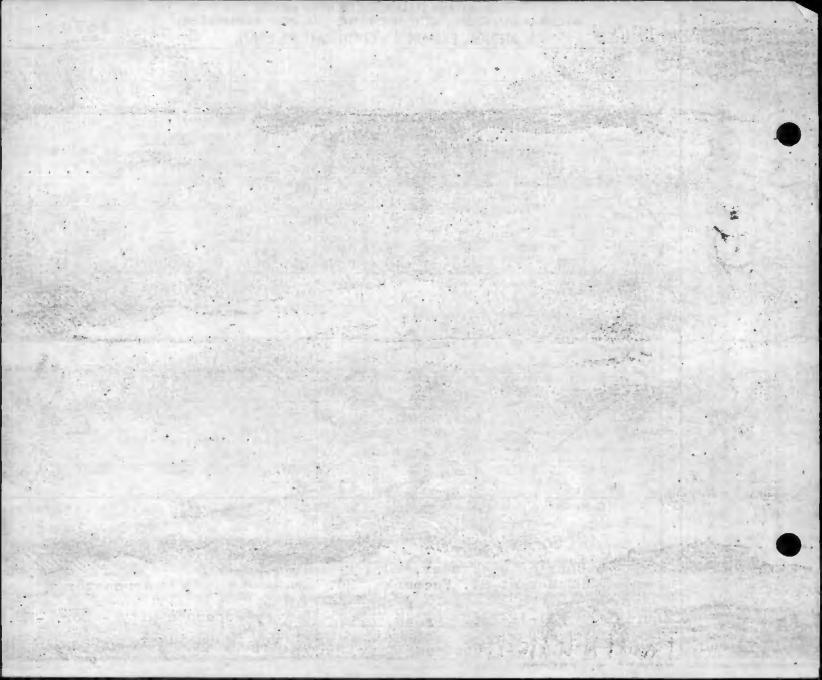
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	20000			CEKTIFIC	AIL UF L	JEATH						
		First	Middle		Last		2a. DATE (2b. F	HOUR
(Type or print)	fadie	B.	J	arman		Nev.	Month Do	19	88	1	30
3. 5	EX	4. RACE			S. DATE OF BIR	TH		6. AGE (In years	IF UNDER 1		IF UNDER	24 HRS.
	Female		White		April	23.	1885	lost-birthdoy)		DAYS	HOURS	MIN
70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN	OF WHAT COUNTRY?	B. MARRIED	NEVER MARR	IED	9. COUNTY C	E DEATH				
(00	maryland		USA	WIDOWED			Wor	cester				M
	CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR IN	ISTITUTION (If no	at in hospital		AL OCCUPATIO	N (Kind of work done		ND OF B	USINESS	OR
	Berlin		give street address) Nu	rsing	Home	duling m	OUSEW	g life, even if retired.)		W 10	ho	me
	USUAL RESIDENCE (Where de nission) STATE	reased lived, if i				YES NO	1MITS? 13e. !	STREET AND NUMBER				
14.	FATHER'S NAME First	Mi	ddle Lost		MOTHER'S MAI	DEN NAME F	irst	Middle			Lost	
	Geor	ge Tru	itt			Cl	arsey	Lewis	2			
	. WAS DECEASED EVER IN U.S.			NOA 17. 11	NFORMANT		-	Address				
	Yes, no, or unknown) (If yes	XX	220-12-0	64711	da Gor	dv W	illar	da. Må.				
	18. CAUSE OF DEATH (Ente	er anly ane cause	per line for (a), (b), and (c)		0					PPROXIMA WEEN ONS		
	PART I, DEATH WAS CA	NUSED BY: MEDIATE CAUSE (o	regelaci	Leur	shag.	e			4	da	2/4	J.
	431.0		D, OR AS A CONSEQUENCE OF	-							1	
	Conditions, if any, which go rise to immediate cause (Conditions, if any, which gave) (b) hithertension										
		tating the underlying couse DUE TO, OR AS A CONSEQUENCE OF										
	last.	_} (a arterio	Clerr	40							
	PART 2. OTHER SIGNIFICANT	CONDITIONS COL	NTRIBUTING TO DEATH BUT N	IOT RELATED TO	THE TERMINAL	DISEASE OR	ONDITION GIV	EN IN PART 1(o)				
ON	33/X	-										
MEDICAL CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION F	CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO P CAUSES OF DEATH?							IN CER	TIFYING	;
LE	210. ACCIDENT WAS UNDER	Tibi le	IME OF INJURY		W INJURY OCCU	IRRED (Ente	r nature of in	jury in Part 1 or Port 2,	(tem 18.)			
DICA	OR CONTRIBUTING CAUSE OF		A.M. Month Doy Yeor P.M.	9				-				
ME	21d. INJURY OCCURRED While Net white at work	21e. PLACE OF IN	JURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	ictory.) 21f. LO	CATION Street	or R.F.D. No	. G	ly or Town	County		St	tate
	22a. I certify that (I)	(this haspital), attended the deceas	ed fram_/	950	, 19		2 sember		that (e) la:
	sow the decease	d alive on L	(did) (did-not) view the	body after o	s that in (my) (our) opi	inion deoth	occurred on the d	ote and h	iour o	nd fro	m th
	22b. SIGNATURE	ove, (i) (we)	(uiu) (uia nos) view ille	Dody offer t	icum.			220	DATE SIGNE	ED.		
	Franker	Lines	mint,	DEGR	EE PHYS.		MED.	STAFF D				
	22d. PHYSICIAN'S	-	1		22e. ADDR	_	. 4	1-1	-			-
	NAME (Type)	ank	Lewis		NI	1/ah	dsA	10:				
230	BURIAL, CREMATION, 2	3b. DATE		CEMETERY OR	CREMATORY			TION (City or Town)	(County)		(State))
	REMINAN (Specify)]	11/6/6					Wha	leveill	100			
24.	FUNERAL DIRECTOR	1.1	MODRESS	1 100	0 0		Y REGISTRAR	25b. REGISTRAR	is significan	E		
	1.1111-11	MAS II A	1 ATT VITALA	111110	A3.71 V	DATE NO	7 7 1	ace orlin		I and	100	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16703 MEDICAL EXAMINER'S CERTIFICATE OF DEATH LTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN (Type ar Print) ALAN Page LUKE JETT DEATH MATED artment of IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 3-15-1927 White Male 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED X INEVER MARRIED 9. COUNTY OF DEATH in Item 18. Give Pages 1, "ounVirginia U.S.A. WIDOWED [DIVORCED [WORCESTER 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done give 591 3dimarket Street Pocomoke City 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY reester 913 Market Street Pocomoke IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME Lost Middle Jett Iva Martin Charles 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil Yes, no, or unknown) 26-28-1353 Mrs Anna Jett, Pocomoke City, Md. 0 1B. CAUSE OF DEATH (Enter only one cause per be executed PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF This certificate should writing the word stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate, 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection 1 Inquiry and in my apinian death resulted fram: Natural causes . Agident ... Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER Charles W. Trader, MD. DEPUTY MEDICAL EXAMINER Heolth 302 Market ST., Pocomoke, Md. ADDRESS(Street, city, town, or county) Worcester 23 NAME OF CEMETERY BOX CHAM TOOK 50 23g. BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) Pocomoke City - Wor. -Md. 11-12-1968 Presbyterian 25a., REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR Charles Pocomoke City, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



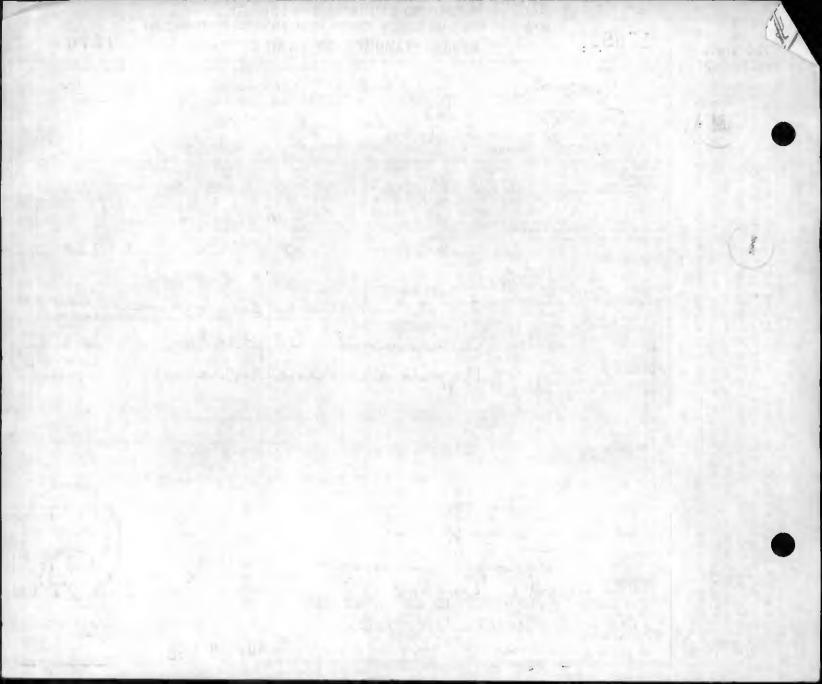
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within

5 may be retained far your files. Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter deoth. necessory, please execute the certificate, writing the word "pending" in pen the funeral director. Page 4 should be forwarded to the Chief Medical Exam

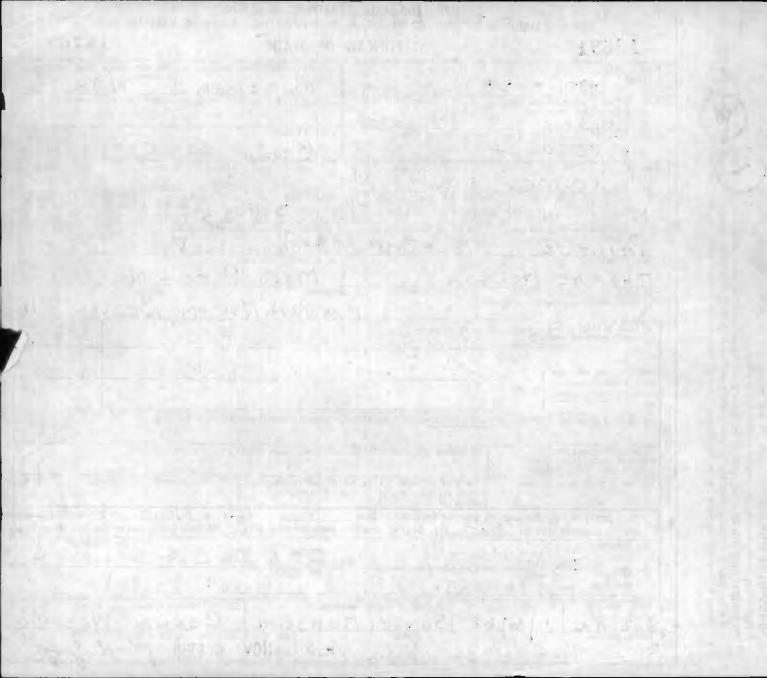
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Item1 FilmG407 12/3/68 kkmaryland state department of Health DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CROP

10030	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	16709
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceosed lived, if in	COLLETY
Worcester	MARYLAND	MARY/ANd	Weccester
b. CITY OR TOWN (If outside corporate limits write RtIRAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write SNOW HI'//	e RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF no		d. STREET ADDRESS	e. IS RESIDENCE
415 W. Market Stre		415 W. MARKET S	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Sie Winfred L	BUPSON DEATH NO	Month Doy Year Uenber 11 1968
S. SEX 6. COLOR OR RACE C	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year lost birthdo	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) SNOCA) Hill	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1 000,020	14. MOTHER'S MAIDEN NAME	41244
William Water	RS	LUdia Collica	6
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of	Service) 16. SOCIAL SECURITY NO. 17.	Leslie Irampson	Address 415 W. MARKET St.
18. CAUSE OF DEATH (Enter only one cour PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	P	I delindration	INTERVAL BETWEEN ONSET AND DEATH
405X DUE	10 11 4	- 0 1.	many
Conditions, if ony, which gove) rise to immediate couse (a),	b) Dyperiensine	renal deseas	e years
stoting the underlying couse DUE	(c)		•
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBUTIO	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item II	8.)
20c, TIME OF INJURY Month, Day, Year Hour o.m.		ICE OF INJURY (Home, farm, 20f. [City or town tory, street, office bldg., etc.)	rn) (County) (Stote)
21. I certify that I taok charge	af the remains described above, he	eld an Autopsy 🔲 , Inspection 🔀 ,	Inquiry and in my opinion
		cide, Homicide, Undetermine	
ACTUAL SIGNATURE ZL	and O. Fong	CHIEF MEDICAL EXAMINER	Nov. 13. 196
EXAMINER'S Lloyd O	Long M.D.		34 North Day ST
230. BURIAL, CREMATION, REMOVAL (Specify)	and the last		or Town) (County) (State)
24. FUNERAL DIRECTOR	ADDRESS		b. REGISTRAR'S SIGNATURE
Locatta B. Jolley Jeks	EYRY, SPIISBURY,	CAS. DATE NOV 18 1968	IChamba u



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16705 16691 CERTIFICATE OF DEATH death. haurs after death puo. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY a. COUNTY 5062 to MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR-JOWN (If outside corporate limits, write RURAL and give negrest town) PORS e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (U-not in hospital, give street address) YES -NO DO Middle 4. DATE Month NAME OF First Lost DECEASED (Type or print) OF DEATH SON OSCOP 68 19 event, IF UNDER 1 YEAR IF UNDER 24 HRS PHYSICIAN: The law requires that the death certificate be executed 8- DATE OF BIRTH AGE (In years SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED lost birthday) Months DIVORCED WIDOWED 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) HECOM AINTER 13. FATHER'S NAME signed by the attending physiburial-transit permit. Then plantal, crematian, or remaval, ELSO THOMAS INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give) wor for dates of service) BERLIN ELSON INTERVAL BETWEEN CAUSE OF BEATH (Enter only one couse per lige-for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. **DUE TO** CORONARYSCHEROSIS Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar to last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20g. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. While Not While at work at work 19 66 that (1) (we) last 1954 to 21. 1 certify that (1) (this hospital) attended the deceased fram director, page 3 shauld shauld be filed with the 1968, and that death accurred at 1136 PM, from causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE / **ATTENDING** M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY 23d. LQCATION (City or Town) (County) (Stote) BURIAL, CREMATION, 23b. DATE THEREOF 23a. UNSOT EM DRIA 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 1968



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